

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 1016784387 FILING DATE

APPLICANT(S)

11-04-05

CLAIMS

	AS FILED		ADDITIONAL AMENDMENT		AFTER THIS AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			Cancelled			
38			1			
39			1			
40			Cancelled			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51			1			
52			14			
53	1					
54		1				
55	1					
56		1				
57		1				
58		1				
59		1				
60		1				
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96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	1					
TOTAL CLAIMS			3		48	
					51	

13
7
28
58
106